

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO
10/049201

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	3					
TOTAL DEP.	37	↔	↔	↔		
TOTAL CLAIMS	40	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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TOTAL IND.			↓					
TOTAL DEP.			↔					
TOTAL CLAIMS			[REDACTED]					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS